

THE COMMONWEALTH OF MASSACHUSETTS  
TOWN OF SEEKONK  
APPLICATION FOR MANURE TRANSPORTATION

License will expire December 31, \_\_\_\_\_

FEE: \_\_\_\_\_per truck

The undersigned hereby applies for a license in accordance with the provisions of  
the Statutes relating thereto:

\_\_\_\_\_  
Name of person applying

\_\_\_\_\_  
Name of firm or corporation

\_\_\_\_\_  
Address of firm or corporation

\_\_\_\_\_  
Telephone number of business

\_\_\_\_\_  
Email Address

State clearly purpose for  
Which license is requested \_\_\_\_\_

\_\_\_\_\_  
Truck #1 Registration Number

\_\_\_\_\_  
Type of Container

\_\_\_\_\_  
Make of Truck

\_\_\_\_\_  
Maker's Number

\_\_\_\_\_  
Type

Truck # 2 Registration Number\_\_\_\_\_

\_\_\_\_\_  
Type of Container

\_\_\_\_\_  
Make of Truck

\_\_\_\_\_  
Maker's Number

\_\_\_\_\_  
Type

Signature of Authorized Individual\_\_\_\_\_

\_\_\_\_\_  
Title

\_\_\_\_\_  
Home Address

\_\_\_\_\_  
Home Telephone Number

THIS APPLICATION IS TO BE RETURNED TO THE BOARD OF HEALTH OFFICE  
AFTER TRUCK(S) ARE INSPECTED AND APPROVAL NOTED BELOW BY  
EITHER THE POLICE OR THE HEALTH AGENT.

Pursuant to M.G.L. Ch. 62C, sec 49A, I certify under the penalties of perjury that I, have filed all state tax returns and paid all state taxes required under law.

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Social Security Number  
Or Federal Identification Number

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Signature of Individual  
or Corporate Name

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Signature of Corporate Officer  
(if applicable)

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TO BE COMPLETED BY THE BOARD OF HEALTH:

Date Received: \_\_\_\_\_

Action Taken: \_\_\_\_\_  
Approved Denied Tabled

Conditions: (if any) \_\_\_\_\_

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Licensed number issued: \_\_\_\_\_